

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:49

DOCUMENT # P20317

1. Corporation Name

DONALD & COMPANY SECURITIES, INC.

Principal Place of Business

788 SHREWSBURY AVE  
TINTON FALLS NJ 07724  
US

Mailing Address

788 SHREWSBURY AVE  
TINTON FALLS NJ 07724  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/1988

5. FEI Number

13-2864636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	PONTECORVO, ANTHONY	7 VANMETER TERRACE	HAZLET NJ
CP	BLUM, STEPHEN	220 E. 65TH STREET	NEW YORK NY
OFF- COO	STICE, HAROLD E- HEARDGE, KEVIN	113 MAPLE GROVE BLVD 51 TANGUS DRIVE	MT HOLLY NJ SOMERVILLE, N.J.
CFO	SCIRIONE, CARL	1106 NEW BARNSWICK AVE	MARLBOROUGH, N.J.
			100003038821--8 -11/09/99--01004-010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

VAN CLEVE, KEVIN  
15850 BAY VISTA DR #340  
CLEARWATER FL 34620

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* FORBIDDEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99 (732) 580-9435  
Date Daytime Phone #

AD